

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/536864

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10		①				
11		①				
12		①				
13		①				
14		①				
15		①				
16		①				
17		①				
18	1					
19		1				
20		2				
21		①				
22		①				
23		①				
24		①				
25		1				
26	1					
27		①				
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50						
TOTAL IND.	4	↓		↓		↓
TOTAL DEP.	32	←		←		←
TOTAL CLAIMS	36					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						